

TO BE COMPLETED BY APPLICANT AND EACH STAKEHOLDER

**CITY TREASURER  
INCOME TAX DIVISION**

(517) 483-4121 (517) 483-4114  
1<sup>ST</sup> Floor – City Hall  
124 West Michigan Avenue  
Lansing MI 48933

**LANSING TREASURY INFORMATION REQUEST**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Since \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Employer/Business Information**

Corporate Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone #: \_\_\_\_\_

Federal Employer Identification #: \_\_\_\_\_

Do you, or any of these businesses, owe the City money for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, for what reason? \_\_\_\_\_

Name of any other Lansing area business in which your ownership participation exceeds 25%

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date